Natural Resources Conservation Service

Application Ranking Summary Honey Bee Pollinator

| Program: | Ranking Date: | Application Number: |
|------------------------------------|---------------|---------------------|
| Ranking Tool: Honey Bee Pollinator | | Applicant: |
| Final Ranking Score: | | Address: |
| Planner: | | Telephone: |
| Farm Location: | | |

National Priorities Addressed

| Issue Questions | Responses |
|---|---------------|
| If the application is for development of a Conservation Activity Plan (CAP), the agency will assign significant ranking priority and conservation benefit by answering "Yes" to the following question. Answering "Yes" to question 1a will result in the application being awarded the maximum amount of points that can be earned for the national priority category. | |
| 1. a. Is the program application to support the development of a Conservation Activity Plan (CAP)? If answer is "Yes", do not answer any other national level questions. If answer is "No", proceed with evaluation to address the remaining questions in this section. | Yes O or No O |
| Water Quality Degradation – Will the proposed project improve water quality by: (select all that apply) | |
| 2. a. Implementing the practices in a Comprehensive Nutrient Management Plan (CNMP)? | Yes O or No O |
| 2. b. Implementing the practices in a Nutrient Management Plan (NMP)? | Yes O or No O |
| 2. c. Reducing impacts from sediment, nutrients, salinity, or pesticides on land adjoining a designated "impaired water body" (TMDL, 303d listed waterbody, or other State designation)? | Yes O or No O |
| 2. d. Reducing the impacts from sediment, nutrients, salinity, or pesticides in a "non-impaired water body"? | Yes O or No O |
| 2. e. Implementing practices that improve water quality through animal mortality and carcass management? | Yes O or No O |
| Water Conservation – Will the proposed project conserve water by: (select all that apply) | |
| 3. a. Implementing irrigation practices that reduce aquifer overdraft. | Yes O or No O |
| 3. b. Implementing irrigation practices that reduce on-farm water use? | Yes O or No O |
| 3. c.Implementing practices in an area where the applicant participates in a geographically established or watershed-wide project? | Yes O or No O |
| 3. d. Implementing practices that reduce on-farm water use as a result of changing to crops with lower water consumptive use, the rotation of crops, or the modification of cultural operations? | Yes O or No O |
| Air Quality - Will the proposed project improve air quality by: (select all that apply) | |
| 4. a. Meeting on-farm regulatory requirements relating to air quality or proactively avoid the need for regulatory measures? | Yes O or No O |
| 4. b. Implementing practices that reduce on-farm emissions of particulate matter (PM2.5, PM10)? | Yes O or No O |
| 4. c.Implementing practices that reduce on-farm generated greenhouse gases such as carbon dioxide (CO2), methane (CH4), and nitrous oxide (N2O)? | Yes O or No O |
| 4. d. Implementing practices that increase on-farm carbon sequestration? | Yes O or No O |
| Soil Health:- Will the proposed project improve soil health by: (select all that apply) | |
| 5. a. Reduce erosion to tolerable limits (Soil "T")? | Yes O or No O |
| 5. b.Increasing organic matter and carbon content, and improving soil tilth and structure? | Yes O or No O |
| Wildlife Habitat – Will the proposed project improve wildlife habitat by: (select all that apply) | |
| a. Implementing practices benefitting threatened and endangered, at-risk, candidate, or species of concern. | Yes O or No O |
| 6. b. Implementing practices that retain wildlife and plant habitat on land exiting the Conservation | Yes O or No O |

| Reserve Program (CRP) or other set-aside program? | |
|---|---------------|
| 6. c. Implementing practices benefitting honey bee populations or other pollinators? | Yes O or No O |
| 6. d. Implementing land-based practices that improve habitat for aquatic wildlife? | Yes O or No O |
| Plant and Animal Communities: Will the proposed project improve plant and animal communities by: (select all that apply) | |
| 7. a. Implementing practices that result in the management control of noxious or invasive plant species on non-cropland? | Yes O or No O |
| 7. b. Implementing practice in an Integrated Pest Management Plan (IPM)? | Yes O or No O |
| Energy Conservation—Will the proposed project reduce energy use by: (select all that apply) | |
| 8. a. Reducing on-farm energy consumption? | Yes O or No O |
| 8. b. Implementing practice(s) identified in an approved AgEMP or energy audit, which meet ASABE S612 criteria? | Yes O or No O |
| Business Lines – Will the practices to be scheduled in the "EQIP Plan of Operations" result in: | |
| 9. a. Enhancement of existing conservation practice(s) or conservation systems already in place at the time the application is received? | Yes O or No O |

State Issues Addressed

| Issue Questions | Responses |
|---|---------------|
| Proximity to registered or known honey bee apiary (select only one): | |
| 1. a. Less than 1 mile | Yes O or No O |
| 1. b. 1-2 miles | Yes O or No O |
| 1. c. Greater than 2 miles | Yes O or No O |
| Honey bee forage being provided by the contract will be available for (select only one): | |
| 2. a. 1 year | Yes O or No O |
| 2. b. 2 years | Yes O or No O |
| 2. c. 3 years or more | Yes O or No O |
| The planted honey bee forage will be available (select all that apply): | |
| 3. a. During early bloom period | Yes O or No O |
| 3. b. During mid-bloom period | Yes O or No O |
| 3. c. During late-bloom period | Yes O or No O |
| The seeding will include (select only one): Note: Bloom period is defined by State technical guidance | |
| 4. a. 1 honey bee forage species only | Yes O or No O |
| 4. b. 2-4 honey bee forage species | Yes O or No O |
| 4. c. Greater than 4 of such species | Yes O or No O |

Local Issues Addressed

| Liver issues fruitessed | |
|--|---------------|
| Issue Questions | Responses |
| 1. Will practices in the application result in the establishment of white or alsike clover in a rotational grazing system? | Yes O or No O |
| 2. Does the application include a pollinator shrub mix planting under Practice 612-Tree/Shrub Establishment? | Yes O or No O |

Land Use:

| Resource Concerns | Practices |
|-------------------|-----------|
| Ranking Score | |
| Efficiency: | |
| Local Issues: | |

| State Issues: | |
|----------------------|--|
| National Issues: | |
| Final Ranking Score: | |

This ranking report is for your information. It does not in any way guarantee funding. When funding becomes available, you will be notified if your application is selected for funding. Some changes to the application may be required before a final contract is awarded.

Notes:

| 1 | Applicant Signature Not Required on this report for Contract Development unless required by State policy: |
|-----------------|---|
| Signature Date: | Signature Date: |